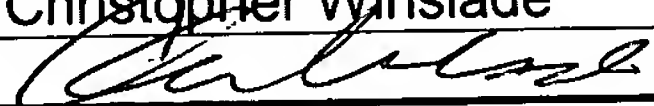


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PTO/SB/05 (08-00)

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 14183US02	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor Ed Frank	
		Title Method And System For Optimal Load Balancing In A Hybrid Wired/Wireless Network	Express Mail Label No. EV 331534895 US
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Washington, DC 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		7. <input type="checkbox"/> CD-Rom or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 38] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 14]		9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s))	
5. Oath or Declaration [Total Pages 4] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <u>DELETION OF INVENTORS</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement [Power of (when there is an assignee) Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure [Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b) (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: <input type="text"/>	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner: Group/Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.	
18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number		23446 or <input type="checkbox"/> Correspondence address below	
Name Christopher Winslade			
Address McAndrews, Held & Malloy			
500 West Madison, Suite 3400			
City Chicago	State IL	Zip Code 60661	
Country USA	Telephone (312) 775-8000	Fax (312) 775-8100	
Name (Print/type) Christopher Winslade		Registration No. (Attorney/Agent) 36,308	
Signature 		Date: 9/9/03	

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09/09/03

02527 U.S. PTO
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PTO/SB/17 (11-00)

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FEE TRANSMITTAL for FY 2003 Patent Fees are subject to annual revision.		Comple		if Known			
		Application Number		Unassigned			
		Filing Date		Herewith			
		First Named Inventor		Ed Frank			
		Examiner Name		Unassigned			
		Group Art Unit		Unassigned			
TOTAL AMOUNT OF PAYMENT		(\$) 858.00		Attorney Docket No.		14183US02	

METHOD OF PAYMENT				FEE CALCULATION (continued)			
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:				3. ADDITIONAL FEES			
Deposit Account Number: 13-0017 Deposit Account Name: McAndrews, Held & Malloy <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27							
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity Small Entity							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid	
1001	740	2001	370	Utility filing Fee		750.00	
1002	330	2002	165	Design filing Fee			
1003	510	2003	255	Plant filing fee			
1004	740	2004	370	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1) (\$)750.00							
2. EXTRA CLAIM FEES							
Total Claims 26 - 20** = 6 x 18.00 = 108.00							
Independent Claims 3 - 3** = 0 x 0 = 0							
Multiple Dependent 0 = 0							
Large Entity Small Entity							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid	
1202	18	2202	9	Claims in excess of 20			
1201	84	2201	42	Independent claims in excess of 3			
1203	280	2203	140	Multiple dependent claim, if not paid			
1204	84	2204	42	**Reissue independent claims over original patent			
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)108.00							
**or number previously paid, if greater; For Reissues, see above							
				SUBTOTAL (3) (\$)			

SUBMITTED BY					Complete (if applicable)	
Name (Print/Type)	Christopher Winslade	Registration No. (Attorney or Agent)	36,308	Telephone	(312) 775-8000	
Signature				Date	September 9, 2003	

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